

MAYER &amp; WILLIAMS PC

Fax: 908-518-7795

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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
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27774 7590 11/21/2007

MAYER & WILLIAMS PC  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Marjone Scariati (Depositor's name)  
*Marjone Scariati* (Signature)  
02/21/2008 (Date)

02/22/2008 FHETEK12 00000032 501047 10632413

01 FC:1501 1440.00 DA  
02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/832,413	07/31/2003	Robert E. Richard	02-284	4374

## TITLE OF INVENTION:

IMPLANTABLE OR INSERTABLE MEDICAL DEVICES CONTAINING GRAFT COPOLYMER FOR CONTROLLED DELIVERY OF THERAPEUTIC AGENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$1740	02/21/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS		
HAGOPIAN, CASEY SHEA		1615	424-422000		

## 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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## 2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mayer & Williams PC

2 David B. Bonham, Esq.

3 Keum J. Park, Esq.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Boston Scientific Scimed, Inc.

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1047 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*David B. Bonham*

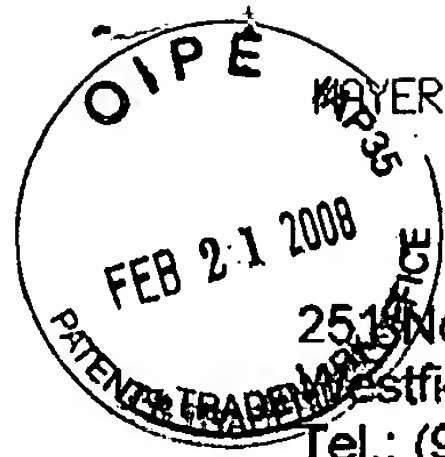
Date 02/21/2008

Typed or printed name David B. Bonham

Registration No. 34,297

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# Fax

**To:** Office of Patent Publication

**From:** Marjorie Scariati

**Fax:** 571-273-2885

**Pages:** 3

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